



Trillium
Gift of Life
Network

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INSTRUCTIONS

- Complete this addendum manually
- Once complete, scan or save the form and upload it as an attachment to the donor chart
- Please name the file appropriately and categorize the attachment under the "Other" group

Temporary Supplemental TB Questions (Eye-Only potential donors)

Donor Name: _____ TGLN ID #: _____

Name of Interviewee(s): _____

Relationship(s): _____

Healthcare Professional who conducted the interview and completed the questionnaire:

Name: _____

Title: _____

Date of Interview: _____ Signature of Interviewer: _____

Risk of MTB Screening - Additional Questions			
<p>81</p>	<p>Did she/he EVER experience homelessness or live in a homeless shelter?</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>81 a. for how long?</p> <p>81b. when?</p>
<p>82</p>	<p>Was she/he EVER in a youth correctional facility, jail, lockup or prison?</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>82a. for how long?</p> <p>82b. when?</p>

TGLN ID #: _____

Complete this box for Paediatric Donors ONLY: Donor Maternal

83	Did she/he* EVER have a positive skin or blood test for Tuberculosis?	<input type="checkbox"/> No <input type="checkbox"/> Yes	83. Did she/he* receive treatment? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes,</i> 83(i). When? 83(ii). How long?
84	Was she/he* EVER suspected of having or been diagnosed with Tuberculosis?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<i>If yes,</i> 84(i). When? 84(ii). Did she/he* receive treatment? <i>If yes,</i> 84(iii). What was the treatment? 84(iii). Where was the treatment? 84(iv). When was the treatment? 84(v). Are they considered disease free currently?